



BERKELEY COUNTY
Planning and Zoning
PO Box 6122
Moncks Corner, SC 29461-6120

APPLICATION FOR
ZONING RECLASSIFICATION
BERKELEY COUNTY ZONING ORDINANCE NO. 01-8-35, AS AMENDED

Date: _____

TMS # _____

OWNER: _____

APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

LOCATION ADDRESS OR DESCRIPTION: _____

PRESENT ZONING CLASSIFICATION: _____

REQUESTED RECLASSIFICATION: _____

REASON FOR REQUEST: _____

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

1. **SITE PLAN** This should be on a copy of the recorded plat (8x11) if available.
(Showing **ALL** existing and proposed buildings, roads, driveways, parking spaces, fences, etc., in relation to the variance request.)
2. **\$250.00 NON-REFUNDABLE APPLICATION FEE** (MAKE CHECK PAYABLE TO
"BERKELEY COUNTY")

PRINTED NAME OF PROPERTY OWNER

SIGNATURE OF PROPERTY OWNER